

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 164 OF 522	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Bernie Sanders

A. Full Name (Last, First, Middle Initial)
Roland F. Gray

Mailing Address **2452 Williams Rd**

City Oak Harbor	State WA	Zip Code 98277-8582
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
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Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 305.00
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Date of Receipt

MM 05	DD 20	YY 2011
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Transaction ID : **C6527935**

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
Roland F. Gray

Mailing Address **2452 Williams Rd**

City Oak Harbor	State WA	Zip Code 98277-8582
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
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Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 305.00
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Date of Receipt

MM 06	DD 28	YY 2011
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Transaction ID : **C6563129**

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
David A. Green M.D.

Mailing Address **28292 Harwich Dr**

City Farmington Hills	State MI	Zip Code 48334
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mich Inst Neuro Disorders	Occupation Physician
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Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00
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Date of Receipt

MM 06	DD 14	YY 2011
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Transaction ID : **C6529014**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

335.00

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